MAIL TO

STATE OF MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE DIVISION OF VITAL RECORDS P. O. BOX 13146 BALTIMORE, MARYLAND 21203

SEND CHECK OR POSTAL MONEY ORDER
PAYABLE TO
DEPARTMENT OF HEALTH & MENTAL HYGIENE

VR-C 40

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Photocopies Issued	3140
Date Issued	\$9,00cV
Remarks:	KL
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P	APR 16 D - 003810*****9.00

DO NOT WRITE IN THE ABOVE SPACE

(Zip Code)

APPLICATION	FOR CERTIFI	ED COPY OF	DEATH CERTIF	ICATE
The fee for la \$3.00 fee for the search.	Each Copy of a Dea Please do not ser	th Certificate is \$200 nd cash or stamps.	0. If the record is no	
Name of deceased	ROBERT	LEE	BOWER	••••
Date of death	(First)	(Middle)	(Last)	
Place of death regardless of		(Town)	(County)	(State)
Number of copies desired	3 For what	purpose desired S	TLE AN ESTATE	of Nièce
Your Name GERGE	L. Boo	VER	•••••	
Your Address 4525	ROSEDALE	AVENUE		
DHMH-31 BF-7/50-			2001 000	

(State)

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OR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13531

	13.	540 MI	.DICA	LEXAMINER	3 CERTIFIC	LAIL OF	DEATH	Reg.	Dist. No	o .	
1,	o. COUNTY Ca	roline		MARYLAND	O STATE T		nd b. COUNT				ission)
	GOLDS D	outside corporate fimits, writ	• PURAL	4 Yrs.	C. CITY OR TOW XGoldsh		rporate limits, write	RURAL or	nd give r	nearest to	wn)
	d. NAME OF HOSPITA	Non		pitol, give street address)	d. STREET ADDR		one	M		ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Robert	st	Lee 1	Bower	4. DATE OF DEATH	Month 12	h	22 22		Yeor 1958
5.	sex Male	White	7. MARRIE		8. DATE OF BIRTH 1/23/190)3	9. AGE (In years loss bulleday) yrs.	IF UNDE Months	R IYEAR Days	Hours	Min.
100	LUSUAL OCCUPATION OF WORKING	ON (Give kind of work office even if refired)	dane 10b. K	None		Virgin		12. CI		·A.	COUNTRY
13.	FATHER'S NAME	Robert L	ee Bo	ower	14. MOTHER'S MAII	DEN NAME Llie Da	y				
15 (Ye		R IN U. S. ARMED FO (If yes, give wor or dates of	service)		informant Eva Bower	: Gold	Address Sboro,		lan	ıd	
	Conditions, if ar gave rise to immed (a), staling the cause last.	liote cause		Coronary	fur auth	eenly	ort		3	yr.	1
CATION			DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PA		9. WAS PERFO YES []	AUTOPSY DRMED? NO
L CERTIFI	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS STRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injusy i	in Port I or Part I	l of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Ye	While		ACE OF INJURY (Home tary, street, office bldg	, form, 20f. (Cit 3., etc.)	y or town)	(Co	ounty)		(Stote)
			Natural o	emoins described about the courses Accident	. Suicide	, Homicide				DATE :	signed
		awson 0.			DEPUTY MED	HEDICAL EXAMINER	Ø.			-27	-58
B	demovation (Specify)	12/26/		Wesley Ch	aple	Scot	tsville	, Vi	rgi	ısıoı ni a	
23	FUNERAL DIRECTOR	s signature	Dre	ensloro,	20 1	REC'D BY REGIS		why		-	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is sarry, please execute the ficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral criar. Page 4 should be in a reded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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STATE SON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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100		13541 MEDICAL EXAMINER	S CERTIFICATE OF DEATH Reg. 1	Dist. No.
	1.	PLACE OF DEATH o. COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue of STATE AND . b. COUNTY CE.	dence before admission)
	ı	b. CITY OR TOWN (If aviside corporate limits, write RURAL ond give negres) town). Denton 5yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL or Denton	nd give nearest town)
00	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle DECEASED James Burton	Dike, Jr. 4. DATE Month Dec.	Day Year 14, 19 58
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH A. C. 13, 1914 9. AGE (In years loud birthday) 44 yrs. Months	R TYEAR IF UNDER 24 HRS. Days Hours Min.
	10a	during most of working like, even if retired) 1. USUAL OCCUPATION (Give kind of work done during most of working like, even if retired) 1. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIES OF INDUS	TRY 11. 8IRTHPLACE (State or foreign country) ent D. C.	USA
	13.	Jas. B. Dike, Sr.	14. MOTHER'S MAIDEN NAME Bes ie N. Lucas	
		n, no, or unknown) (If yes, give war or dates of service)	Nrs. Jas. B. Dike, Jr., Der	nton, Md.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. (c)	A Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?
		CAUSE OF DEATH.	Enter nature of injury in Part I ar Part II of item 18.)	
	MEDICAL	Hour a. m. While Not while of work of work	tary, street, affice bldg., etc.)	ounty) (State)
		21. I certify that I took charge of the remains described about death resulted fram: Natural causes Accident , Su	ave, held an Autopsy 🔲, Inspection 💢, Inqui icide 🔲, Hamicide 🔲, Undetermined cause 🗀	ry X, and find tha].
2		SIGNATURE ACHIEN TIPEORGE	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
,,,	220	EXAMINER'S DAVISON COLOR OF COMETER OF COME	DEPUTY MEDICAL EXAMINER (City, Iown, or county)	(State)
		Burial Dec. 161958 Denton	Denton, Ma	d.
i)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	

VS. A 5M 9/55

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after death! Page 4

may be retained by the haspital or attending physician.

O FUNERAL DESCRIPTION: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hays after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12542 CERTIFICATE OF DEATH

13533

	2.4	プジスト								Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY	Carolin	е		MARYLAND	2.	USUAL RESIDENCE (Vo. STATE Mary	Where deced		If institution. COUNTY	nı Resident Ke1		dmission)
RURAL and give no	If outside corporate limeorest town)	its, write		HOFSTAY IN 16		c. CITY OR TOWN (III Rock	outside con		its, write RL	JRAL and a	give nearest	town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, state Conv	eles	ent	Home		d. STREET ADDRESS Pine	y le	ck				RESIDENCE ON A FARM2
3. NAME OF DECEASED (Type or print)		ri Elmo:	re	Middle		Lost	4. DATE OF DEAT	177	ec 2		Doy	Year 1958
5. SEX 14	6. COLOR OR RACE	WIDOWE	ED 🗍	DIVORCED [Nov. 10	1881	1 7	E (In years birthday) 7 yrs.			JNDER 24 HRS. Durs Min.
during most of worl	king life, even if retired	done 10b.	Far			Kent C	0. M				S. A.	HAT COUNTRY
13. FATHER'S NAME					1.	4. MOTHER'S MAIDEN						
	nes R. Eli					unkno	wn					
1S. WAS DECEASED EVE	ER IN U. S. ARMED FOI (If yes, give wor or dates of		none			RMANT .liam Mil	ler	Roc	k Ha]		1.	
PART I. DEA 33/X Conditions, if o gove rise to i cause (a), stating lying cause lost.	the under-	b) (Cere	tero S.		ensort &	egg.				2	AL BETWEEN AND DEATH WASCE
PART II. OTI	HER SIGNIFICANT COM									EN IN PAR	P	ERFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOV	V INJURY OCCURE	ED. (E	nter noture of injury i	in Port I or I	Part II of i	tem 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	While of wor		while	PLACE octory	OF INJURY (Home, fo , street, affice bldg., o	erm, 20f. (0 etc.)	City or tow	rn)	(0	County)	(State)
alive an	Dawson O.	79	Teo		h ac		5.PM, fr	ram the (Street, ci	ty or town.	ind an tl		the decease stated above DATE SIGNE 2-30-5
220. BURIAL, CREMATIC REMOVAL (Specify		OF 29/58		ME OF CEMETERY		emetery	22d. LO	cation	City, town, o	ent	Co.	(Slote)
23. FUNERAL DIRECTOR Marvin	** *** 7 7 7 7	Lams		ress estertor	m,	20.00 3	JAN 5	istrar '59		strar's sic	1 -	

VS A15 (4) 15M 9/55

TO HOSPITAL OR MAY be retected to FUNERAL DE

TO FUNERAL DESCRIPTIONS: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove-cachon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 pours after death.

after death. Page 4

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/55

		13045	CERTIFIC	AIE OF DEAT	П		Reg. Dist. No	
PLACE OF DEA	Carolii	ne	MARYLAND	2. USUAL RESIDENCE (V	Where deceased ryland	lived. If institution b. COUNTY	Carol	
b. CITY OR TO	WN (If outside corporate lim		LENGTH OF STAY IN 16	c. CITY OR TOWN (III		ote limits, write RI		
77	Greensboro		15 Yrs.	X Rural G	reensb	oro		
	OSPITAL (If not in hospital,	give street oddr		d. STREET ADDRESS		ne		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Fi	***	Middle	1	4. DATE			
DECEASED (Type or print)	Elizabeth		7	Meyers	OF DEATH	Mon: 12	th Do	Yeor 1958
5. SEX	6. COLOR OR RACE	7	NEVER MARRIED	8. DATE OF BIRTH			/-	IF UNDER 24 HI
Female	White	WIDOWED		9/10/1881		9. AGE (In years lost birthdoy) 77 yrs.	Months Days	Hours Min.
10a. USUAL OCCU during most o	PATION (Give kind of work f working life, even if retired	done 10b. KINI	O OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sto	te or foreign co	untry)	12. CITIZEN C	OF WHAT COUN
	ewife	No	ne	Maryla	nd		U.S.	A.
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME			
	Gustav Eve	ersmye	re	No Re	ecord			
15. WAS DECEASE	DEVER IN U. S. ARMED FOR		IAL SECURITY NO. 17.	INFORMANT		Addr	ess	
NO.	(it yes, give war or dates of		one	William G.	Meyer	e Grass	asboro.	Marvl
	F DEATH [Enter only one co				*****	0 91001		
		ouse per line to	(o). (b). ond (c).]		1			ERVAL BETWEEN
PARTI	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. / /	oronar	y / Teron	utos	15	014	1 /2 3
1120	1		0 - 000 -	1				100
mile are con	DUE TO	1/1	00/	r 1. 1.		0 1		
Conditions	if ony, which)	Valor	10 COM	Lee Carde	ovuse	ulas o	Len obs	0
	to immediate		J	- Co acc	0 1 10 0	/ W		
	oting the under- DUE TO)						
lying couse		c)						
PART II	OTHER SIGNIFICANT CON	IDITIONS CONT	TRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS
E V	1/1000	1 Cocs	18 10 19711	della	1.21	一.		PERFORMED?
9	V Vac	1680	ecaco co	- on fee	usu			YES NO
	T WAS UNDERLYING THE TIME TO CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DESCRIBE	E HOW INJURY OCCUPRI	D. (Enter noture of injury in	n Port I or Port	tt of item 18.)		
	NJURY Month, Doy, Ye	ar 20d. INJUR	Y OCCURRED 20e. P	ACE OF INJURY (Home, for	rm, 20f. (City	or town)	(County)	(Stot
Hour o	. m.	While		octory, street, office bldg., e	itc.)			
2 1). m. 17	of work	of work		MI.			
21. I certif	y that I attended the	deceased f	from/ VLC, 30	1958, to	100,3	19.50	,that Llast so	aw the deced
alive on A	(Loto 30	10.58	and that dant	12:	1.04			
GIIVE OILZ	201	17227	-,-, and mar deam	accurred at 12:		the causes a		
	10 111	01		//	ADDRESS (Str	eet, city or town,	stote)	DATE SIG
SIGNATURE	Xeloske It	11/0	resules	40	moor	4502	n They	1///
JIOITAIGE	7			/	general in	7	ý	1
PHYSICIAN'S NAME (Type)	CHARLE	5 H.	STONE	SIFERI	(1)	1	wast	au
220. BURIAL, CREM	ATION, 226. DATE THEREC	OF 22	C. NAME OF CEMETERY C	OR CREMATORY	12d. LOCAT	ION (City, Iown, o	or county)	(Stote)
REMOVAL (Sp Burial	ecify) 1/3/59		Charaka	~~~			Buckman	
	ZTOR'S SIGNATURE	0.0	Greensbo		Gree		Mallyl	and
23 TUNE ALBOIRE	JOK S SIGNATURE	1	ADDRESS		C'D BY REGISTI		TRAR'S SIGNATU	
a lash	10711/11/11	0/ 1 00 1/1	and allowands.	11 ~11	AN 5 '59	1 0.7	Chan S. Fras	
1101	secures.	- CO	Mario G.	mel. DATEJ	AN U U	2000	a. I stat	8,8

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file. TO FUNERAL TRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.	1
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	MARILAND STATE DEPARTME	CENTIFICATE OF DEATH
	13544 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dist. No.
1. P	LACE OF DEATH CAROLINE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE A COUNTY AROUNDS
b	CITY OR TOWN (If outside corporale limits, write RURAL ond give the property towns)	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town)
d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
-(0	IAME OF ECEASED (Spe or print) ORD KRESCIA A	RATRICH 4. DATE OF DEC 1, 1958
5. Si	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED	DATE OF BIRTH JULY 27,1891 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Lost birthday) yrs. Months Days Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST FOR A PETER VIA	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	GEORGE S. RAJRICH	MALINDA É, CREGO
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 10. Or unknown) (If yes, give war or dates of service)	NORMANT Rainigh Ridgely hed
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	Cochesion Onstraid deriver Onstraid deriver Onstraid deriver Sund deriver 3 4m -
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
3 . 1	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC focto of work of work 19	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) pry, street, office bldg., etc.)
	1 02	cide, Homicide, Undetermined cause
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 12-3-58
	EXAMINER'S DAUSOH DE LOS SE BUMAL, CREMATION, 226, DATE THEREOF 1225, NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER
1	REMOVAL (Specify) (De. 3, 1958 1) outo	w Inton, hed
23. 1	UNERGI DIRECTOR'S SIGNATURE ADDRESS	Acel DATEEC 4 '58 Cithur S. Kinus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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13545 CERTIFICATE OF DEATH

13536

20030				Re	g. Dist. No.			
1. PLACE OF DEATH o. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary	Where deceased li	b. COUNTY ~	Residence before			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporat	e limits, write RURAL	L and give near	rest town)		
Rural Goldsboro	17 Yrs.	X Rural Go	ldsbor	0				
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS				ON A FARM?		
None				None		YES NO-		
3. NAME OF DECEASED (Type or print) Corell	Middle Harry	Thomas	4. DATE OF DEATH	Month 7.2	Day	Year 19 58		
	ED TENEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IFU		IF UNDER 24 HRS.		
Male White WIDOWE		7/22/1903			onths Days	Hours Min.		
100. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired) Real Estate Broker Re	al Estate	New Je		itry)	12. CITIZEN OF	WHAT COUNTRY		
13. FATHER'S NAME	002 250000	14. MOTHER'S MAIDEN			U.a.U.a.	21.		
Corell D. Thomas		Eunice	Laffer	tv				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT		Address				
(Yes, no or unknown) [If yes, give war or dates of service] 2	15-36-1844D	oris Thoma	s Golds	sboro. M	Jaryla	nd		
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost. (c)	hefix from	Bunkey	teren J enei Go	Perend	ONSE 2	er AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH URLD CONTRIBUTING CAUSE OF DEATH URLD CA					N PARI I(o)	PERFORMED?		
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port II	of item 18.)				
20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 While Not while at work of two of t								
21. I certify that I attended the decease alive an DEC 29, 195 ACTUAL SIGNATURE BEAT H. PHYSICIAN'S NAME (Type) TO BEAT H. 220. BURIAL, CREMATION, 226. DATE THEREOF	, and that death	m.d. M.17-1 G.115- OR CREMATORY	A M, fram ADDRESS (Street	the causes and of, city or town, state	on the date			
Cremation 1/2/59	Silverbr		Wilm:	ington,	Delawa	are		
23 FUNERAL DIRECTOR'S SIGNATURE	OP MADORESS	Med . DATE!	C'D BY REGISTRA		S. Krana			

may be retained by the haspital or attending physician.

TO FUNERAL is reCTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/55

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TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

offer death. Page 4

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g physician and campletely filled in by the funeral director, remove carbon papers. Pages 1 and 2 shauld be filed with 2 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 has

TO FUNERAL CCTOR: After this certificate has been signed by the ottending	abod 4	the r	
be retail	3 shau	the registrar prior to burial, cremation, ar removal, and in any event within 7	
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	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give accrest lown) RURAL ond give accrest lown) RURAL Greensboro 30 Yrs.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro								
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None						d. STREET ADDRESS None e. IS RESIDENCE ON A FARM? YES NOW							FARM?
	NAME OF First Middle OECEASED (Type or print) Howard Oscar				V	Vise	st	4. DATE OF DEATH	12	nth	4		Yeor 1958	
	Male	White	WIDOW		ED 🗆	7/	TE OF BIRTI	1894		9. AGE (In years lost birthday) 64 yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
10a	during most of worki	N (Give kind of work on ing life, even if retired		kind of Business letail Fl		STRY 11. BIRTHPLACE (Stote or foreign country) ST Maryland 12. CITIZEN OF WHAT COUNTRY U.S.A.								COUNTRY?
13.	FATHER'S NAME	No Re	ecor	d		14.	MOTHER'S	MAIDEN N		Record				
15. (Yq	no, or unknown] [[IN U. S. ARMED FOR	rvice)	social security No		NFOR		. M.	Wise	Green		.0,	l ar	yland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH										TWEEN DEATH			
CERTIFICATION		ER SIGNIFICANT CON		CONTRIBUTING TO DI							VEN IN PA	RT 1(o)	PERFC	AUTOPSY DRMED?
MEDICAL CER	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.		20d. I While of wor		20e. PL/ foc	ACE O	F INJURY (I street, office	Home, form, e bldg., etc.	20f. (City	or town)		(County)		(Stole)
	ACTUAL SIGNATURE	ot I offended the Dec. 4,	. 12 S	taeey	le death		Gı):30P	_M, from	the causes of reet, city or town,	and on			
L	BURIAL CREMATION REMOVAL (Specify) BULLI AL	12/7/5		22c. NAME OF CEA	AETERY O	R CRE				TON (City, town,			(Siei	
23)	FUNERAL DIRECTOR'S	SIGNATURE,	y,	reensbo	ro,	m	rd.	240. REC'D	9 8Y REGIST		STRAR'S S	Kraw	RE 4	

MARKING STATE OF THE MENT OF STATE OF MYTAME STARU TO STADE DEATH OTENST OF WHEN the end of the second for the second for the second for the second secon